

Rotherwood Healthcare (Dorset House) Limited

Dorset House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Dorset House is registered to provide accommodation for up to 42 older people who need nursing or personal care. There were 35 people living at the home on the day of our inspection.

There was a registered manager in post when we visited. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was now a new provider in place who registered with us in October 2015.

People and their relatives told us that they felt safe and staff treated them well. However, because of staff vacancies and sickness sometimes there was a lack of staff to meet people's care needs. Staff we spoke with demonstrated awareness and recognition of abuse and systems were in place to guide them in reporting these.

Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were protected against the risks

Summary of findings

associated with medicines because the provider had appropriate arrangements in place to manage them. Staff had up to date knowledge and training to support people who lived at the home. Staff knew people well, and took people's preferences into account and respected them.

People were able to make choices about their day to day care and staff supported them to make decisions in their best interest. The registered manager had identified that some people would need assessments by the local authority to ensure people did not have their liberty deprived in an unlawful way. Applications had been submitted to the supervisory body so the decision to restrict somebody's liberty was only made by people who had suitable authority to do so.

We saw staff treated people with dignity and respect whilst supporting their needs. Staff really knew people well, and took people's preferences into account and respected them. We saw people had food and drink they enjoyed, the cook regularly consulted the people living at the home to ensure people had their choices available to them, to maintain a healthy diet.

People told us they had access to access to health professionals when they needed to. Relatives told us they were constantly updated about their family member and

were involved with their care provision. People were able to see their friends and relatives as they wanted. People were encouraged to maintain important relationships. People and their relatives knew how to raise a complaint and were confident action would be taken if needed. The registered manager had arrangements in place to ensure people were listened to.

People were involved in some pastimes they enjoyed. People told us about links with the community and how they were developed. For example the local nursery provided a nativity play for the people living at the home. Staff knew people and their needs well. People who lived at the home and staff were involved in regular meetings and had been supported during the changes in provider.

The registered manager and the new registered provider promoted a positive approach to include people's views about the service development. Staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service. New systems were in the process of being established to monitor and improve the service, these were still in their infancy therefore we were unable to see the full benefit to people living at the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe

People did not always benefit from enough staff to keep them safe. People were supported by staff who understood how to provide and meet their individual care needs safely. People received their medicines as prescribed.

Requires improvement



Is the service effective?

The service was effective

Peoples best interests were protected in a least restrictive and lawful way. People had choices within a balanced diet. People had access to health professionals when they needed to.

Good



Is the service caring?

The service was caring

People living at the home were treated with dignity and respect. People and relatives thought the staff were caring and compassionate. People were encouraged to maintain important relationships.

Good



Is the service responsive?

The service was responsive

People were involved in past times they enjoyed. People benefitted from regular reviews of the care they received. People and relatives felt they were able to raise any concerns or comments with staff and these would be addressed appropriately.

Good



Is the service well-led?

The service was well-led

People benefitted from the new provider and registered manager working to make the transition as smooth as possible. People could see the improvements that had already started at the home.

Good



Dorset House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We made an unannounced inspection on 3 and 4 December 2015. The inspection team consisted of three inspectors.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports the provider is required to send us by law about important incidents that have happened at the service.

We spoke with eight people who lived at the home and four relatives. We observed how staff supported people throughout the day.

We spoke with the registered manager, the registered provider, and 11 members of staff. We looked at four records about people's care and three staff files. We also looked at staff rosters, complaint files, minutes for meetings with staff, and meetings with people who lived at the home. We looked at quality assurance audits that were completed.

Is the service safe?

Our findings

People experienced different levels of staff support. People told us that staff were frequently very busy; however they said they felt safe. People said that sometimes staff came quickly and at other times they had to wait. One person we spoke with said, “I feel safe and happy with everything. I can wait for 15 mins for call bell to be answered, but I have not complained, they could do with more staff but it’s adequate.” Another person told us, “Staff are very pleasant but very busy, they have so much to do, it’s difficult for them to get to see everyone.” However other people said, “they respond quickly to call bells.” Relatives told us there were not always enough staff to respond to their family member’s needs. One relative told us, “Staff don’t have time for a chat; they have a lot to do.” Another relative said, “Staff are always good, it feels they need more staff at times because my [family member] has had to wait to go to the toilet.” We saw that on the first day of our inspection there was not enough staff available to respond quickly to everyone’s needs. On the second day we saw there were more staff available and people were supported in a timely way.

Staff we spoke with told us sometimes there were not enough staff on duty. One member of staff said, “Sometimes there are not enough staff, because of sickness and vacancies.” Staff told us that additional staff were booked from outside agencies but these staff were not always effective because they did not know people living at the home as well as staff working directly for the registered provider. On the day of our inspection there was a reduced number of staff on the day shift and the evening shift against the number of staff the registered manager had assessed to be able to meet people’s needs. The registered manager told us this was because of staff vacancies and sickness. He had been unable to provide the full amount of staff for these shifts. We looked at the length of time it took staff to respond to call bells. We saw that people were waiting for a response from staff on many occasions of between five and twenty minutes. On the second day there were the assessed level of staff on duty, we saw that all the responses were within five minutes once the day shift were on duty.

We spoke with the registered manager and he told us that he had some staff on long term sickness and staff had left because of the concerns about the future of the home over

the last twelve months. He said that recruitment had been difficult because of this period of unsettlement; however now there was a new registered provider, the registered manager was confident that he would be able to recruit effectively. The registered manager told us that staff would use the call bell system to call another member of staff. This meant that on some of the occasions when the call bell was ringing there was already a member of staff with the person and other staff would be aware of this and respond when they could. He said he was reviewing this practice because it made monitoring of the call bell response not always effective.

People told us, and staff said they were regularly short of staff. Our experience over the two day inspection was that if there were not the assessed number of staff on duty then people were more likely to wait longer for the help they needed. The registered manager was recruiting more staff and working towards ensuring people were supported in a timely way.

The registered manager had reported an incident prior to our inspection involving a serious injury to one person living at the home. He had identified a risk to people living at the home of falling on the stairs. The registered manager had put in place several measures to reduce the risk of falls. These measures relied on staff being able to respond quickly when they were alerted, and on a member of staff being constantly on duty in the lobby to monitor the stairs. We saw that these measures were not always effective because of the lack of staffing and there had been a further incident the week before our visit. A person had been at risk of falling on the stairs, however there was no fall on this occasion. We discussed the effectiveness of the measures on reducing the risk for this person with the registered manager. They advised that the new provider was commissioning a temporary barrier across the stairs until further building work was completed in the spring 2016. We were advised that this barrier would be in place the following week of our visit.

Staff said the sharing of information at handovers contributed to keeping people safe. They said they would discuss each person’s wellbeing at handover and raise any issues they had observed which may require a risk assessment review or follow up on their physical health needs. We saw relevant information was shared with staff to enable them to support people. Staff said and we saw people had their needs assessed and risks identified. Staff

Is the service safe?

told us about how they followed plans to reduce these identified risks. For example we saw that pressure relief plans were monitored and staff were aware of what support each person needed to ensure they reduced the risk of sore skin. One member of staff said, “Hand overs are important, we pass on any updates and any concerns about some ones safety.”

People we spoke with said they felt safe. One person said, “I feel reasonably safe, staff make you feel safe.” Another person said “I feel safe in bedroom at night, staff are always around.” A further person told us, “I have never felt threatened or intimidated. I feel safe, happy and content.”

Relatives told us they felt their family members were safe. One relative said, “It feels safe because we always know what’s going on.”

The staff we spoke with were able to tell us how they would ensure people were safe and protected from abuse. One member of staff said, “We know people really well and would know if there were any problems.” Staff we spoke with were able to describe what action they would take and were aware that incidents of potential abuse or neglect were to be reported to the local authority. Procedures were in place to support staff to appropriately report any concerns about people’s safety.

The staff told us the appropriate pre-employment checks had been completed. These checks helped the registered provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

We looked at how people were supported with their medicines. One person said, “The nurses talk to you about your medicines, they explain about possible side effects.” Another person told us, “Staff give me my tablets, it works well.” Relatives told us they were happy with the support their family members received. All medicines checked showed people received their medicines as prescribed by their doctor. We observed staff supported people to take their medicines. We found people were asked for consent before their medicines were administered and people received their medicines as prescribed to meet their needs. There were suitable storage and disposal arrangements for medicines in place. Some people were unable to say when they needed their as and when medicines. There was clear guidance for staff to know when to administer them.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. One person said, “Staff are very good they know what they are doing.” We saw people were supported by staff who knew people well.

Staff we spoke with said their training was up to date. Staff were able to explain how their training improved how they supported people. For example, a member of staff said their training about wound care had increased their knowledge and they were able to identify concerns quickly to support people’s health and wellbeing. Staff said and we saw they were supported to achieve their job related qualifications.

The registered provider told us they had plans to improve the training available. We spoke with the new training manager who was looking at the different learning styles of staff, to ensure there was training available to meet the different needs of staff. The training manager explained that providing training that was suitable to meet the needs of staff increased their learning from the training. For example, some staff learned more effectively when in a class room with their peers; however others were better working on their own with work books. This in turn ensured that people would be more effectively supported by staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We looked at how the MCA was being implemented. We saw the registered manager had completed this assessment of people’s capacity related to a specific decision, when it was needed. We saw family and health care professionals were involved with these assessments

and the assessments were regularly reviewed to ensure people’s capacity had not changed. Staff explained they understood the importance of ensuring people agreed to the support they provided. We saw they worked with people and let the people make decisions for themselves about their care, with encouragement for people to be as independent as possible. All staff had an understanding of the MCA.

Staff we spoke with understood the legal requirements for restricting people’s freedom and ensuring people had as few restrictions as possible. The registered manager had submitted appropriate DoLS applications and was awaiting approval from the local authority. They understood the process and were aware of how to access any further support.

People we spoke with said, “The food is very good, there is lots of choice.” Another person told us, “The food is much better, really good now.” We saw people enjoying the meal time experience. Staff supported people to eat in a dignified way, discreetly and with patience, working at the person’s own pace. We saw other members of staff come into the dining room during the meal to chat with people, there was a relaxed atmosphere. Relatives told us people ate well and had a balanced diet. Staff we spoke with said people were monitored regularly to ensure they were maintaining a healthy diet with both food and drink. Staff knew how to support people and knew how to manage the identified risks for people, for example the risk of choking on food. The Chef showed us how people’s nutritional requirements were met. For example, one person needed their food pureed; we saw that the chef presented the meal in a manner that was still appealing for the person to eat. They were aware which people had special dietary needs and how they needed to meet them. The chef told us they agreed menu changes at the ‘residents meetings’ and regularly sort feedback and made changes where necessary.

People told us they had access to health care when they needed it. One person said, “There is good liaison with staff and the local GP, I have kept my GP and that works well for me. I can easily request my GP to visit any time.” Another person told us, “I see own GP and discuss my treatment with them. The nurses here are happy to discuss alternatives if I am not happy with what is advised.” Relatives told us their family member had access to health care professionals, for example dentist and chiropodists

Is the service effective?

visited people living at the home regularly. Relatives told us they were always kept up to date with any concerns and felt involved in their relatives care. Staff we spoke with told us how important it was to monitor the health of each

person. We saw there was regular input from specific health care professionals. For example a tissue viability nurse had been involved in supporting the sore skin for one person. This then assisted staff to support people at the home.

Is the service caring?

Our findings

People told us staff were caring. One person said, “This is a very good home, I have good relationships with all staff.” Another person told us, “Staff are excellent, Dorset House has always had good staff, we are all treated with dignity and respect.” A further person said “We are looked after well; you couldn’t get a better home.” One relative we spoke with said, “Staff are lovely, they treat everyone with dignity and respect.”

Staff had access to people’s personal histories to support them to provide individual care and to get to know people’s likes and dislikes. We saw staff chatting with people; they had a good knowledge of people’s personality, their lifestyles and interests. For example, we saw one member of staff spent time with one person talking about their family who were visiting that afternoon. The member of staff knew the person well and had a good knowledge of their relatives. We saw the person enjoyed the conversation and was smiling as the staff member left them. People told us they liked to have a chat with staff and staff listened to what they had to say, when they had time. When we spoke with staff about providing care and support to people they were respectful and showed they cared. Staff told us they enjoyed working with the people living at the home and they were very important to them.

Relatives told us they were welcome to visit at any time. One relative said, “We can visit any time, very welcome. We can always make tea or coffee.” This helped people who lived at the home to maintain important relationships. One person told us they had their own telephone in their room so they could speak to their family whenever they wanted. All the relatives said they were involved in people’s care and this was important to them. They told us they were

kept up to date with what was happening with their relative. One relative said, “We are kept well informed with what is happening to our [family member].” Staff told us they always included people’s relatives, and talked with them about what was happening with their family member.

Some people who could not easily express their wishes did not have family or friends to support them make decisions about their care. Staff at the home had links to local advocacy services to support people if they required this. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People told us they were listened to and they could say what support they needed. One person told us, “I can do what I like when I want.” Another person said, “Staff are lovely, they help with what I need and I can do the rest myself.” We saw that people were listened to by staff and that staff knew people well.

People and their relatives we spoke with told us people living at the home were treated with dignity and respect. One person said, “Staff are very good, they treat me with dignity and respect, we appreciate each other.” Another person told us staff always respected their choices. They said, “I choose to stay in my room, but I can go down whenever I want to.” A relative told us, “Staff generally treat (family member) with dignity and respect.” The staff we spoke with told us how they maintained people’s privacy and dignity. One member of staff said about people living at the home, “We always respect their privacy and individuality, by respecting their dignity.” The staff said ensuring people maintained their dignity was very important to them. We saw staff treating people with dignity and respect. For example, closing bedroom doors and calling people by their preferred name.

Is the service responsive?

Our findings

People we spoke with told us they were happy with their care and support. One person said, “I am happy with my care and I don’t want anything different.” Another person told us about their keyworker, who was a member of staff that knew all about them, they told us they discussed their care plan with this staff member and said, “I can say what I want. Staff are very kind and helpful.”

Relatives told us their family member had their care needs reviewed. One relative said, “I am invited to the care plan meeting, they will work around me so I can attend, by giving me an option of dates to choose.” Another relative told us, “I am very happy, I am always involved, the manager regularly emails me the newsletter which keeps us up to date with what is happening at the home.”

Relatives said their family members’ needs were supported in a way that was adaptable. One relative told us their family member had become unwell and how care support was increased during that time to ensure their family member’s wellbeing.

We saw in care records we looked at, staff recorded as much information as possible about each person living at the home, their interests, history and preferences. Staff told us they added to this information so all the staff knew as much as possible about the person and their history. Staff we spoke with were able to tell us about the individual needs of each person as well as any health conditions that affected their care.

People said they were involved in activities they liked to do. One person told us, “There are lots of activities, to pass the time.” Another person said, “There are enough things to do.” They told us about organised activities such as, an entertainer, playing cards, hairdresser and quizzes. Another person said, “Activities are quite good. Take you out to different places such as the cricket in the summer. I go into town with staff when I want to.” The activities organiser told us how they worked with people. They supported some people with one to one activities such as nail care or reading to them, for other people there were group activities for people to join when they wanted to. She told us she regularly spoke with people to find out what they would like to do. We saw that on the day of our visit there was a nativity play arranged with support from a local play group. We saw this was well supported by people and their families, people told us they very much enjoyed the event

and they appreciated the links with the community. Relatives told us their family members were involved with pastimes they enjoyed. We saw people involved in group pastimes throughout the two days of our inspection, and we could see from the smiles and laughter how much people enjoyed the interactions.

People told us they have access to support with their religious beliefs if they wanted. They also told us about a meal which was organised as a social event by staff for people’s families and friends. People told us how they enjoyed being involved in this event and they were looking forward to it. This was a regular event where people could invite people to enjoy a meal with them to celebrate the Christmas period. People were excited about this event and staff told us how they had taken a lot of time planning this event for the benefit of people living at the home.

We saw the registered provider regularly sought the views of people and their families, however because of recent changes in the administration of the home these had not been completed since 2014. We looked at the responses for that year’s questionnaires and the responses were recorded as positive. The registered manager had taken action where there were any areas of concern. For example improving communication by telephone, updating the telephone system to ensure the phones were answered where possible.

People said they would speak to staff about any concerns. One person told us, “I am confident to speak to staff about anything that worries me.” Another person said, “Happy to speak up if I had any concerns, the staff and manager are all approachable.” Relatives told us they were happy to raise any concerns with either the registered manager or staff. They said someone was always accessible to talk to about anything they needed to talk about. One relative told us, “I would feel comfortable speaking to staff or the manager about any problems, but I don’t have any.” One relative told us of an example where their family member had made a request at the ‘residents meeting’ and it had been acted upon straight away.

The registered provider had a complaints policy in place. This information was available to people and was displayed in the home. The registered manager demonstrated that they were open to complaints and responded to these appropriately. The complaints policy

Is the service responsive?

detailed how people would make a complaint and what would be done to resolve it. All complaints were recorded and monitored so improvements to the service delivery and learning could take place.

Is the service well-led?

Our findings

The home had undergone a period of change during the last year. There was a new provider who registered with us in October 2015. The existing registered manager remained in post which supported people with this transition. One person told us, "There was a smooth transition when the service was sold, it was seamless." Although there were difficulties in retaining staff due to the changes in ownership, the registered provider and the registered manager were actively trying to recruit new staff.

People told us the home was well managed and they knew the registered manager. One person told us, "I am happy with the running of the home, they treat me well." Another person said, "The manager is very good, he comes round talking to people." A further person told us, "I could tell the manager if I had any ideas and I feel he would listen and put the improvements in place.

During the transition of the new provider people told us there were regular meetings with them and their relatives to introduce the new provider and keep people up to date with what was happening at the home. People and their relatives told us that these meetings were useful and they appreciated having an opportunity to meet with the new provider.

Staff told us they had been well supported by the registered manager and were happy with the changes started by the new provider. Some supervision's had lapsed because members of the management team had left. However staff told us they felt well supported by their colleagues. One member of staff said, "I am very supported by all my colleagues and the manager." Staff told us it had been a difficult twelve months but they were optimistic about the future for the home. The new provider told us they were committed to using feedback from staff to

improve service delivery. For example, staff had asked for higher level vocational qualifications. The training manager said these were now in place to support staff with their learning.

The registered provider acknowledged that improvement was needed in some areas of the home as they were 'tired and worn'. The registered provider had put an improvement plan in place to update these areas of the home. We saw that these improvements had already started, and there was a clear plan in place.

The registered provider continued to maintain processes for monitoring care provision. We saw action plans had been completed in a timely way to ensure improvements were made. The registered manager regularly monitored care provision. For example monitoring call bell times. Any call bells ringing longer than 5 minutes were investigated and action taken. For example the practice of staff using the call bell system to call another member of staff. This had been identified and the registered manager was in discussions with staff to improve this area with their input. The new provider was updating monitoring systems. However these were in their infancy so we were unable to see the full benefits to people living at the home.

There was a key worker system where a specific member of staff was allocated to each person. Once a month the member of staff that was allocated as a key worker then reviewed all the care provision for that person, looking at what went well and what had not gone so well, this included talking to relatives and the person living at the home. The registered manager had an oversight of this system to ensure people's needs were met. The registered manager told us that the new provider was supporting staff with a new system for care planning. This would be put in place in the early part of next year, when the vacancies on the management team were filled. The new system would support staff to find information in a more timely way and ensure new staff were supported when getting to know people living at the home.